## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number 10/518030

| CLAIMS AS FILED - PART I  |  |  |  |                                   |                                      |                                   |          | SMALL ENTITY        |                        |        | OTHER THAN          |                        |
|---|--|--|--|-----------------------------------|--------------------------------------|-----------------------------------|----------|---------------------|------------------------|--------|---------------------|------------------------|
|   |  |  | (Colum                                       | nn 1)                             | (Column 2)                           |                                   | _        | TYPE                |                        | OR<br> | SMALL ENTITY        |                        |
| U.S. NATIONAL STAGE FEES  |  |  |  |                                   |                                      |                                   | 7        | RATE                | FEE                    | 7      | RATE                | FEE                    |
| BAS   | SIC FEE  |  | SMALL ENT                                    | Г. = \$ 150                       | LAR                                  | GE.ENT. = \$ 300                  | 1        | BASIC FEE           |                        | OR     | BASIC FEE           | 300                    |
| EXA   | MINATION F                                     | E  | Satisfies PCT /<br>(4) = \$50                |                                   | All other situations = \$100 / \$200 |                                   |          | EXAM. FEE           |                        | 1      | EXAM. FEE           | 200                    |
| SE/   | ARCH FEE                                       |  | U.S. is ISA =<br>ALL other co<br>\$ 200 / \$ | ountries =                        |                                      | ther situations = \$ 250 / \$ 500 |          | SEARCH FEE          |                        |        | SEARCH FEE          | 500                    |
| FEE FOR EXTRA SPEC. PGS.  |  |  | minus 100 =                                  |                                   | / 50 =                               |                                   | 1        | X \$ 125 =          |                        | 1      | X \$ 250 =          |                        |
| тот   | AL CHARGEA                                     | BLE CLAIMS                                   | /8 mi  | inus 20 =                         | •                                    |                                   | 1        | X \$ 25 =           |                        | OR     | X \$ 50 =           |                        |
| IND   | EPENDENT CI                                    | AIMS   | 40   | ninus 3 =                         | *                                    | /                                 | 1        | X \$ 100 =          |                        | OR     | X \$ 200 =          | 200                    |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR                                | ESENT  |                                   |                                      |                                   | 1        | + \$ 180 =          |                        | OR     | + \$ 360 =          |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2      |  |  |  |                                   |                                      |                                   | _        | TOTAL               |                        | OR     | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |  |  |                                   |                                      |                                   | <b>.</b> | SMALL E             | NTITY                  | OR     | OTHER<br>SMALL E    |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |  | PREVIC<br>PAID                    | BER<br>DUSLY                         | PRESENT<br>EXTRA                  |          | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus  | **                                |                                      | =                                 |          | X \$ 25 =           |                        | OR     | X \$ 50 =           |                        |
|   | Independent                                    | *  | Minus  | ***                               |                                      | =                                 |          | X \$ 100 =          |                        | OR     | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                                   |                                      |                                   |          | + \$ 180 =          |                        | OR     | + \$ 360 =          |                        |
|   |  |  |  |                                   |                                      |                                   |          | TOTAL ADDIT.<br>FEE |                        | OR     | TOTAL ADDIT.<br>FEE |                        |
|   |  | (Column 1)                                   |  | (Colum                            | าก 2)                                | (Column 3)                        |          |                     |                        |        |                     |                        |
|   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT    |  | HIGHE<br>NUMB<br>PREVIO<br>PAID F | BER<br>USLY                          | PRESENT<br>EXTRA                  |          | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *  | Minus  | **                                |                                      | =                                 |          | X \$ 25 =           |                        | OR     | X \$ 50 =           |                        |
|   | Independent                                    | *  | Minus  | ***                               |                                      | =                                 |          | X \$ 100 =          |                        | OR     | X \$ 200 =          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |  |  |                                   |                                      |                                   |          | + \$ 180 =          |                        | OR     | + \$ 360 =          |                        |
|   |  |  |  |                                   |                                      |                                   |          | TOTAL ADDIT.<br>FEE |                        | OR     | TOTAL ADDIT.<br>FEE |                        |
|   |  | mn 1 is less than the<br>mber Previously Pai |  |                                   |                                      |                                   |          |                     |                        |        |                     |                        |

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.